

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: William Calfas & Karin A. Calfas

Serial No.: Filed herewith

Filed: Filed herewith

For: CARRIER FOR A PHYSICALLY
CHALLENGED PERSON

Pacific Palisades, California

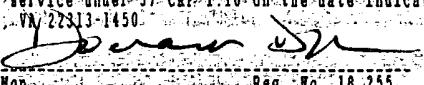
DECLARATION OF WILLIAM CALFAS

I am 72 years of age as of this date. I make this declaration in support of a petition to make the above-identified patent application special in the United States Patent and Trademark Office.

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of this application or any resulting patents, declares that his statements herein are true.

Dated: 7-3-03

William Calfas
EV012062118US7/3/03

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 I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office" to
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 Alexandria, VA 22313-1450.


Donald D. Monahan, Reg. No. 18,255

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PTO/BPA/DPD (12-97)

Approved for use through 07/31/00. GMB 0861-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	5198
First Named Inventor	William Calfas
COMPLETE PAGINATION	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As the above named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention specified.

CARRIER FOR A PHYSICALLY CHALLENGED PERSON

the specification or drawing (Title of the Invention)
 is attached hereto
 OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e) (6) or 365(e) of any foreign application(s) for patent or inventor's certificate, or 365(d) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of this application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
NONE			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/052/05 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/052/05 attached hereto.
NONE		

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

"Express Mail" mail label *EV 0120 62140* Date of Deposit *7/24/05*
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Donald D. Mon

Reg. No. 18,255

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DECLARATION — Utility or Design Patent Application

I hereby declare the below under 35 U.S.C. 130 of any United States Government, or 337 of any PCT International application concerning the United States of America, United States and/or Canada as the named inventor of each of the claims of this application if not disclosed in the prior United States or PCT International application in the manner provided by the Act of Congress of 28 U.S.C. 171. I acknowledge my duty to disclose information which is material to patentability as defined in 35 U.S.C. 102 which became available between the filing date of this application and the following PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
NONE		

Attached U.S. or PCT International application numbers are listed on a supplemental priority claim sheet PTO/SB/020 attached hereto.
As I named herein, I hereby assign the following registered proprietor(s) to my assigned U.S. application and to anyone or business in the Patent and Trademark Office connected therewith: Customer Number **Printed Customer Number Bar Code**
 CP

Name	Registration Number	Name	Registration Number
Donald D. Mon		18,255	

Additional inventors are being named on a supplemental registration sheet PTO/SB/020 attached hereto.
Direct all correspondence to: Customer Number Correspondence address below

Name	Donald D. Mon				
Address	750 East Green Street, Suite 303				
City	Pasadena	State	Calif.	ZIP	91101
Country	United States	Telephone	(626)793-9173	Fax	(626)793-9690

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief of is believed to be true, and further that these statements were made with the knowledge that such false statements and the like so made are punishable by law or by regulation, or both, under 17 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued therefrom.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle initial)		Family Name or Surname			
William		California			
Inventory's Signature	<i>Donald D. Mon</i>				
Residence City	Pacific Palisades	State	CA	Country	U.S.A.
Post Office Address	835 Toulon Drive				
City	Pacific Palisades	State	Calif.	ZIP	90272
Country	U.S.A.				

Additional inventors are being named on the Supplemental Additional Inventor(s) sheet(s) PTO/SB/020 attached hereto.

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Approved for use through 03/08, OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Karin	Middle Initial	A.	Family Name	Calfas	Suffix	S.R.J.
Inventor's Signature	<i>Karin A. Calfas</i>				Date	7-3-03	
Residence: City	Pacific Palisades	State	CA	Country	United States	Citizenship	US
Post Office Address	835 Toulon Drive						
Post Office Address							
City	Pacific Palisades	State	CA	Zip	90272	Country	United States
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	S.R.J.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	S.R.J.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							